

FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

| Title of Invention | LOAD CARRIER FOOT | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|-----------|-------------|-----------------|-----------------|-----------|-------------|--------------------|-------------------|---|----------|--|------|------------------------|----|------------------------------------|----|---|--------------------------------------|--|--|--|
| Application Number : Date : First Named Applicant: Claes-Goran LINDEN Attorney Docket Number: 7298.143.PCUS00 | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 830 | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>790</td><td>790</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 790</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 790 | 790 | Subtotal For Basic Filing Fees: \$ 790 | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 790 | 790 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 790 | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 15</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>88</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 15 | 0 | 1202 | 18 | 0 | Independent Claims : 3 | 0 | 1201 | 88 | 0 | Subtotal For Extra Claims Fees: \$ 0 | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Total Claims : 15 | 0 | 1202 | 18 | 0 | | | | | | | | | | | | | | | | | | |
| Independent Claims : 3 | 0 | 1201 | 88 | 0 | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | | | | | |
| ASSIGNMENT FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4">Subtotal For Additional Fees: \$40</td></tr></tbody></table> | | | | Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ | Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 8021 | 40 | 40 | Subtotal For Additional Fees: \$40 | | | | | | |
| Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 8021 | 40 | 40 | | | | | | | | | | | | | | | | | |
| Subtotal For Additional Fees: \$40 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 1048 | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2006-04-30 | | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | CHARNA K ELMORE | | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 22101 | | | | | | | | | | | | | | | | | | | | | |